

AMERICAN SEPHARDI FEDERATION  
15 West 16th Street New York, NY 10011  
WWW.AMERICANSEPHARDIFEDERATION.ORG

**THE ROOTS OF SEFARAD: JULY 4 - 13**  
**APPLICATION FORM**

PLEASE RESERVE A SPACE FOR ME ON THE ROOTS OF SEFARAD TRIP TO SPAIN

PLEASE COMPLETE ONE FORM PER PERSON TRAVELING.

RETURN THIS FORM, ALONG WITH THE APPROPRIATE DEPOSIT MADE OUT TO THE RAMAZ SCHOOL, TO:  
THE RAMAZ SCHOOL, 114 EAST 85TH STREET, NEW YORK, NY 10028, ATTENTION SPAIN 2010 TRIP

A DEPOSIT OF \$1000 PER PERSON IS REQUIRED FOR THOSE USING THE LAND PACKAGE ONLY.  
A DEPOSIT OF \$1250 PER PERSON IS REQUIRED FOR THOSE USING OUR GROUP FLIGHTS AND THE LAND PACKAGE.  
AN ADDITIONAL DEPOSIT OF \$200 PER PERSON IS REQUIRED FOR THOSE REQUIRING A SINGLE ROOM.

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ CELLPHONE # \_\_\_\_\_

E- MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PASSPORT NUMBER \_\_\_\_\_

MEDICAL INFORMATION \_\_\_\_\_

ROOMMATE PREFERENCE (2 per room) \_\_\_\_\_

I PREFER A SINGLE SINGLE ROOM AT AN ADDITIONAL COST OF \$850

Please indicate special dietary requests (vegetarian, diabetic, etc.)

*Please read and affix your signature:*

It is understood and agreed that the \$300 deposit to be forwarded with the application is non-refundable.

It is understood and agreed that cancellation of the registrant's participation in the trip 1 month prior to departure -- regardless of circumstance -- will result in a loss of all fees rendered.

It is understood and agreed that Ramaz/KJ/American Sephardi Association/Cong. Edmond J. Safra are authorized to change or alter all aspects of the program as necessary in order to guarantee the safety and welfare of the individual participant and the group.

Ramaz/KJ/American Sephardi Association/Cong. Edmond J. Safra reserve the right to cancel, alter or change any aspect of the seminar without prior notification to the registrant. This includes the quoted fees to participant in the event that air and / or land fee changes precipitate such a change.

In understanding, agreement and compliance, I affix my signature.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICE USE

Deposit Receipt # \_\_\_\_\_ Amount \_\_\_\_\_

Final Payment Receipt # \_\_\_\_\_ Amount \_\_\_\_\_